Complete Summary

GUIDELINE TITLE

Identification and care of HIV-exposed and HIV-infected infants, children, and adolescents in foster care.

BIBLIOGRAPHIC SOURCE(S)

Identification and care of HIV-exposed and HIV-infected infants, children, and adolescents in foster care. American Academy of Pediatrics. Committee on Pediatric AIDS. Pediatrics 2000 Jul;106(1 Pt 1):149-53. [38 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Human immunodeficiency virus (HIV) exposure or infection

GUIDELINE CATEGORY

Diagnosis
Management
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Pediatrics
Psychology

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To present revised recommendations for human immunodeficiency virus (HIV) testing of infants, children, and adolescents in foster care
- To present updated recommendations for the care of HIV-exposed and HIV-infected persons who are in foster care

TARGET POPULATION

Infants, children, and adolescents in foster care

INTERVENTIONS AND PRACTICES CONSIDERED

1. Determination of human immunodeficiency virus (HIV) exposure status and HIV infection status for all infants in foster care, including testing for HIV antibody in infants whose HIV exposure status is unknown
2. HIV testing of children older than 1 year and adolescents in foster care, including those with suspected infection, those at high risk of infection, or those whose risk for infection is unknown
3. Ensuring appropriate exchange of medical records and confidential information necessary for management of infants, children, and adolescents in foster care
4. Education of foster parents concerning HIV infection
5. Disclosure of HIV exposure status or infection status to foster parents
6. Providing HIV-infected and HIV-exposed foster children access to treatment-related and non-treatment related clinical trials

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Physicians and foster care agencies should be jointly responsible for the determination of human immunodeficiency virus (HIV) exposure status and HIV infection status for all infants in foster care. If maternal serologic status during the most recent pregnancy is unknown, and the state has guardianship and the authority to consent to medical care, the infant should be tested for HIV antibody. Infants exposed to HIV should be managed in accordance with established guidelines. (American Academy of Pediatrics [AAP], 1997)

2. Testing for HIV should be performed for all children in foster care who have:
    - symptoms or physical findings suggestive of HIV infection
    - been sexually abused
    - a sibling who is HIV-infected
    - a parent who is HIV-infected or is at increased risk of HIV infection

    Testing for HIV also should be considered for all foster children whose maternal serologic status is unknown.

3. Testing for HIV (with assent of the adolescent) is recommended for all adolescents in foster care who have:
    - symptoms or physical findings suggestive of HIV infection
    - a sibling who is HIV-infected
    - a parent who is HIV-infected or at increased risk of HIV infection
    - a current or past sexual partner who is HIV-infected or at increased risk of HIV infection
    - received a transfusion before 1985
    - a history of sexual abuse or a diagnosis of sexually transmitted disease
    - a history of illicit substance use or abuse

    Testing for HIV also should be considered for all adolescents in foster care who are sexually active or have a history of sexual activity and for those whose medical history and family history are unavailable or inadequate for assessment of the aforementioned risk factors.

4. Physicians and foster care agencies should take joint responsibility to ensure appropriate exchange of complete medical records and confidential information necessary for the management of infants, children, and adolescents in foster care.
5. All foster parents should receive education about HIV infection, and the content of such education should be updated regularly.
6. All foster parents should be informed of the HIV exposure or infection status of infants and children in their care. Disclosure of adolescent HIV status should legally require the consent of the adolescent.
7. Foster care agencies should have established procedures to provide access for HIV-infected and HIV-exposed foster children to treatment-related and non-treatment-related clinical trials.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Enhanced coordination of care by physicians and foster care agencies can provide maximal opportunity for those in foster care to benefit from the dramatic medical advances in the care of HIV-exposed and HIV-infected infants, children, and adolescents.

Subgroups Most Likely to Benefit:

Infants, children, and adolescents in foster care who are at high risk for human immunodeficiency virus (HIV) infection or exposure, including those who have:

- been sexually abused
- a parent or sibling who is infected
- a history of illicit substance use or abuse
- a history if sexually transmitted disease
- engaged in sexual activity
- a current or past sexual partner who is HIV-infected
- received a transfusion before 1985

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Identification and care of HIV-exposed and HIV-infected infants, children, and adolescents in foster care. American Academy of Pediatrics. Committee on Pediatric AIDS. Pediatrics 2000 Jul;106(1 Pt 1):149-53. [38 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2000 Jul

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Pediatric AIDS

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Pediatric AIDS, 1999-2000: Catherine M. Wilfert, MD, Chairperson; Mark W. Kline, MD, Chairperson-elect; Donna Futterman, MD; Peter L. Havens, MD; Susan King, MD; Lynne M. Mofenson, MD; Gwendolyn B. Scott, MD; Diane W. Wara, MD; Patricia N. Whitley-Williams, MD

Liaison: Mary Lou Lindegren, MD (Centers for Disease Control and Prevention)

Consultant: Donna T. Beck, MD (Committee on Pediatric Aids, 1995-1999)

Staff: Eileen Casey, MS

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

AAP Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Policy Web site.

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on September 17, 2001. The information was verified by the guideline developer as of December 5, 2001.

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